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RIEDINGER Jean-Luc
NAME OF SECOND INVENTOR



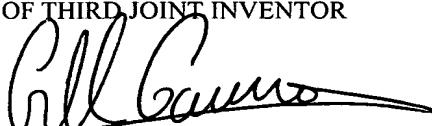
Signature of Inventor

8/2/2005

Date

300

GARNIER Gilles
NAME OF THIRD JOINT INVENTOR



Signature of Inventor

15/12/2005

Date

NAME OF FOURTH JOINT INVENTOR

Signature of Inventor

Date

NAME OF FIFTH JOINT INVENTOR

Signature of Inventor

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Residence: _____

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Mailing Address: Same as above

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Citizen of: _____

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Declaration, Power of Attorney and Petition

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WE (I) the undersigned inventor(s), hereby declare(s) that:

My residence, post office address and citizenship are as stated below next to my name,

We (I) believe that we are (I am) the original, first and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled

the specification of which

- is attached hereto.
- was filed on _____ as
Application Serial No. _____
and amended on _____.
- was filed as PCT international application
Number PCT/FR03/02959
on 08 October 2003,
and was amended under PCT Article 19
on _____ (if applicable).

We (I) hereby state that we (I) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We (I) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

We (I) hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed. Prior Foreign Application(s)

Application No.	Country	Day/Month/Year	Priority Claimed
02/12577	FRANCE	10 October 2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No